

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

SHAWN D. CHAPMAN DBA THAT'S MY RIDE

RECEIVED

JUL 29 2013

TRANS DEPTBEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2013 - 288 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: SHAWN CHAPMAN

Telephone: (843) 206-1527

Address: 3008 LAMAR Hwy
DARLINGTON, SC 29532

Fax: (843) 395-1460

Other:

Email: shawn.chapman@att.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED

JUL 30 2013

PSC SC
MAIL / DMS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

035

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

RECEIVED

CLASS C - NON-EMERGENCY

JUL 29 2013

Date: July 2, 2013

TRANS DEPT

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

SHAWN D. CHAPMAN DBA THATS MY Ride Transport

3008 LAMAR Hwy DARLINGTON SC 29532
Street Address of Applicant

P.O. Box 1072 DARLINGTON, SC 29540
Mailing Address of Applicant (if different from street address)

(843) 206-1527
Phone

(803) 395-1460
Fax

Shawnchapman@att.net
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship
☐ Partnership - List names and address of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month July Year 2013

Assets:

Cash	50,000.00
Receivables	40,000.00
Real Estate	60,000.00
Buildings and Equipment (Net)	
Motor Vehicles (Net)	80,000.00
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	10,000.00
Prepays and Other Assets	
Total Assets *	240,000.00
Liabilities and Equity:	
Accounts Payable	2
Notes Payable	40,000.00
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity *	40,000.00

* Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

\$ 4 per mile MAF

205 Hwy

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Name of Applicant

Address of Applicant

Amount of Premium:

Liability Insurance \$ _____

The above quoted premium is for a term of _____ months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurrence	\$ 1,000,000	
Medical Payments per Person	\$ 1,000	

Name of Insurance Company

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Date

Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.



150 Northwest Point Blvd.
E. Grove Village, Illinois 60007
Phone: 847-472-6700
Fax: 847-700-8240



THE ATLAS GROUP OF COMPANIES

To: ADVISORNET PROP & CAS., LLC
Attention: BAYYINAH LAWSON

Date: 07/02/2013

SOUTH CAROLINA QUOTATION LETTER

Applicant: THAT'S MY RIDE TRANSPORTATION
Effective: 07/02/2013
Renewal Of:

We are pleased to provide you a quotation for the above risk. Estimated annual premiums, coverage limits, and exposure base are shown below. NOTE: Regardless of coverage requested in the application submitted, Our quotation is based on Standard "ISO" filed coverage forms unless otherwise stated. On both new and renewal quotes, individual lines are priced on an ACCOUNT basis and should be considered as such. We will not guarantee pricing for "select" lines.

NOTE: Coverage and limits quoted may differ from coverage requested in the application.

If we are to issue policies per our quotation, please provide all requested information for review and approval. Quotes are subject to favorable loss experience verification and favorable inspection if not obtained prior to the release of this quotation. All quotes are valid for no more than thirty days or the date of expiration if a renewal.

COVERAGE FORM:

2 UNITS

SYMBOL 7 COVERAGE APPLIES
FOR ALL COVERAGE UNLESS
OTHERWISE NOTED

Forms to be Included:

CA 2384 Exclusion of terrorism
CA 2384 Silica or Silica related dust exclusion
CBA 5000 Amended care, custody or control exclusion
CA 2018 Professional Services not covered
CBA 5002 Fungi or Bacteria Exclusion
CBA 5005 Abuse or Molestation exclusion
CBA 5008 Who is an Insured Redefined

NOTES:

1 UNIT - NEMT
06 DODGE #3208 8,000 SV
03 FORD #0304 6,500 SV

SUBJECT TO FAVORABLE MVR'S
ACORDS 125, 127, 137, 61
SIGNED SUPPLEMENTAL APP
NON-REPORTED DED FORM
NO LOSS LETTER

AI - LOGISTICARE
SYMBOLS 2,8,9

LIABILITY	\$1,000 Limits in(000's)	PREMIUM
UM/UIM LIMITS	100/Limits in(000's)	\$86.00
UNPAID LIMITS	\$100,000	\$24.00
COMPREHENSIVE COLLISION	\$1,000 DEDUCTIBLE	\$215.00
	\$1,000 DEDUCTIBLE	\$227.00
HIRED VEHICLE		\$62.00
NON OWNED		\$132.00
UM PD		\$8.00
ADDITIONAL INSURED		\$80.00

TOTAL PREMIUM \$7,712.00

THE ABOVE PREMIUM IS BASED ON A RATING TERRITORY OF:
CHARLESTON, SC.

PREPARED BY:

UNDERWRITER

PAGE 1 OF 2



130 Northwest Point Blvd.
Elk Grove Village, Illinois 60007
Phone: 847-472-6700
Fax: 847-700-8240



THE ATLAS GROUP OF COMPANIES



To: ADVISORNET
Attention: BAYYINAH LAWSON

SOUTH CAROLINA

Date:

Re: GENERAL LIABILITY QUOTATION

Insured: THAT'S MY RIDE TRANSPORTATION

Effective: TBD

Renewal of:

We are pleased to provide you a quotation for the above risk. Estimated annual premiums, based on limits, exposure base and basic coverage requested are shown below. NOTE: Regardless of coverage requested in the application submitted, our quotation is based on Standard "ISO" and/or "N.C.C.I." filed coverage forms unless otherwise stated below. On both new and renewal quotes, individual lines (Package, Auto, etc.) are priced on an ACCOUNT basis and should be considered as such. We will not guarantee pricing for "select" lines.

If we are to issue policies per our quotation, please provide all requested information for review and approval. All quotes are subject to favorable loss experience verification and favorable inspection if not obtained prior to the release of this quotation. All quotes are valid for no more than thirty days or the date of expiration if a renewal.

COVERAGE FORM:

GENERAL LIABILITY
CLASS 40031
EXPOSURE: 2

REQUIRED TO ISSUE THE GL POLICY:
TERRORISM ACCEPTANCE OR
REJECTION FORM SIGNED & DATED
Acord 125 & Acord 126 are needed at time of
binding.

MUST BIND AUTO POLICY TO BIND GL
ATLAS DOES NOT WRITE MONOLINE GL

THIS POLICY DOES NOT COVER ANY
GARAGE LIABILITY EXPOSURE.

Transportation Underwriter
Mandy Byars

GENERAL CONDITIONS:

THE FOLLOWING INFORMATION IS REQUIRED:



GENERAL LIABILITY FORMS/ENDORSEMENTS:

- CG2116 Exclusion-Designated Professional Services
- CG2146 - Abuse or Molestation Exclusion
- CG2160 - Exclusion - Year 2000 Computer-Related and Other Electronic Problems
- CG2196 - Silica or Silica-Related Dust Exclusion
- CMP2997 - Lead Exclusion
- CMP3020 Exclusion - Asbestos
- IL0021 - Nuclear Energy Liability Exclusion Endorsement (Broad Form)
- ILP001 - Advisory Notice to Policyholders--OFAC
- CG2149 Total Pollution Exclusion
- CG2167 - Fungi or Bacteria Exclusion
- CG2244 - Exclusion--Services Furnished by Health Care Providers
- GL 00 01 07 07 - SEXUAL AND/OR PHYSICAL ABUSE

TOTAL AUTO PREMIUMS		PREMIUM
GENERAL LIABILITY		\$ 1,287
GENERAL AGGREGATE	\$ 1,000,000	
PROP'S & COMP OPTS AGGT.	\$ 1,000,000	
EACH OCCURRENCE	\$ 1,000,000	
PERS & ADV INJURY	\$ 1,000,000	
FIRE DAMAGE	\$ 100,000	
MEDICAL EXPENSE	\$ 5,000	
(ANY ONE PERSON)		
SEXUAL ABUSE AND MOLESTATION		INCLUDED
EACH CLAIM	\$ 500,000	
AGGREGATE	\$ 1,000,000	
TERRORISM		INCLUDED (\$1)
IF ANY ADDITIONAL INSURED(S)		
ARE REQUIRED THE CHARGE IS \$50. EACH		1 INCLUDED
UNLESS ENTITY IS A STATE AGENCY.		
A FEE OF \$25.00 WILL BE CHARGED FOR ANY POLICY CANCELLED FOR		
NON-PAYMENT OF PREMIUM AND REINSTATED BY THE COMPANY.		
MINIMUM PREMIUM -\$750		

Exhibit Fit, Willing, and Able (FWA)

SHAWN CHAPMAN DBA THATS MY RIDE
Name

U.S.D.O.T No.

ICC No.

1. Is there currently any outstanding judgments against the Applicant?

☒ Yes☐ No

If Yes, indicate nature of judgement(s) against applicant.

MIDLAND FUNDING CREDIT CARD

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes ☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes ☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes ☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes ☐ No

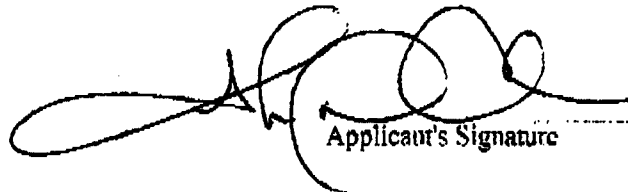
6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



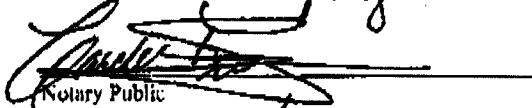
Applicant's Signature

OWNER

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF 1 Darlington)

SWORN TO BEFORE ME
This 2 day of July, 2013



Notary Public

Commission Expires April 29, 2019